

India HIV/AIDS Alliance

Headquartered in New Delhi, India HIV/AIDS Alliance (Alliance India) was founded in 1999 as a non-governmental organisation working in partnership with civil society and communities to support sustained responses to HIV in India. Complementing the Indian national programme, Alliance India works through capacity building, technical support and advocacy to strengthen the delivery of effective, innovative, community-based interventions to key populations affected by the epidemic. The organisation's programmes focus on those most vulnerable to HIV, with a particular emphasis on marginalised populations including men who have sex with men (MSM), transgenders, hijras, sex workers, injection drug users (IDUs), at risk youth and women, and people living with HIV (PLHIV).

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List of Abbreviations

APSACS Andhra Pradesh State AIDS Control Society

BMGF Bill & Melinda Gates Foundation BTS Behavioural Tracking Survey

CAG Core Advocacy Group CAT Core Advocacy Team

CBG Community Based Group

CBO Community Based Organisation **CFAR** Centre for Advocacy and Research

CMIS Computerised Management Information System

CRT Crisis Response Team

DAPCU District AIDS Prevention and Control Unit

DGP Director General Police

DLSA District Legal Services Authority

FGDs Focus Group Discussions

FSW Female Sex Worker

HIV Human Immunodeficiency Virus

ICTC Integrated Counselling and Testing Centre

IDIs In-depth Interviews **IDUs** Injecting Drug Users ΚP

Key Population

MARPs Most At Risk Populations **MSM** Men who have Sex with Men

NACO National AIDS Control Organisation NGO Non-governmental Organisation

ORW Outreach Workers PΕ Peer Educators

PLHIV People Living with HIV **SLPs** State Lead Partners SP Superintendent of Police

STIs Sexually Transmitted Infections

ΤI Targeted Interventions

TG Transgender

ToT Training of Trainers

Foreword

HIV prevention programmes for female sex workers (FSWs) grapple with the daily realities of high levels of stigma, discrimination, gender-based violence and other human rights violations that prevent them from accessing information and services, practising safer sex and protecting themselves from STIs and HIV infection. FSWs are surrounded by a complex web of "gatekeepers," including pimps, brothel owners, goons and law enforcement authorities. These gatekeepers often have control over the lives of FSWs and are often perpetrators of violence against them. FSWs experience violence not only in the sex work from gatekeepers and clients, but also from their intimate partners and husbands, other family members, and even fellow sex workers.

Funded by the Bill & Melinda Gates Foundation, Avahan India AIDS Initiative was implemented by India HIV/AIDS Alliance in Andhra Pradesh covering over 40,000 sex workers in 14 districts. As part of our efforts to implement effective HIV prevention interventions for FSWs, Alliance India developed community-led strategies for prevention and mitigation of violence among this population, including: community mobilisation; formation of crisis response systems; and sensitisation and advocacy with police and law enforcement agencies, media and healthcare professionals. Our work empowered FSW communities to address more proactively to the challenges of violence.

Our efforts to effectively mitigate and prevent violence against FSWs had successes and faced challenges. In this report, we have described our programme and provided both quantitative and qualitative data, as well as experiences of FSWs in the districts covered by our Avahan programme in Andhra Pradesh.

We anticipate that this report will be provide valuable insights into the extent and complexity of violence against FSWs – and against women more broadly. These issues must not be ignored, and considerable work remains. Violence in all its forms needs to be addressed as an essential part of HIV prevention strategies for FSWs in order to build the self-esteem, confidence and economic empowerment necessary to reduce vulnerability and HIV risk in sex worker communities in India and around the world.

Dr. P. Prabhakar

Director: Regional Office India HIV/AIDS Alliance April 2014



Executive Summary

Avahan India AIDS Initiative is a focused prevention initiative funded by the Bill & Melinda Gates Foundation that works in six states of India to reduce HIV transmission and the prevalence of sexually transmitted infections (STIs) in vulnerable high-risk populations—female sex workers (FSWs), men who have sex with men (MSM) and transgenders—through prevention education and services. The programme's main components are condom promotion, STI management, behavior change communication, community mobilisation, and advocacy. Avahan also supports the creation of an enabling environment through individual and organisational capacity building to increase the effectiveness of the HIV response.

India HIV/AIDS Alliance (Alliance India) is a state lead partner for Avahan in Andhra Pradesh. Alliance India's efforts in the state have strengthened the capacity of NGOs and CBOs to implement quality HIV and STI programming in close partnership with the State AIDS Control Society (SACS) and in accordance with the National AIDS Control Programme. Alliance India's work with Avahan was implemented 14 districts of the Telangana and Rayalseema regions in Andhra Pradesh. The programme is managed in partnership with thirty-six NGOs in 140 sites across the fourteen districts.

This report is an effort to elucidate trends, types, causes, and case histories of female sex workers (FSWs) who have faced violence and the efforts of Alliance India under Avahan on community-led advocacy with specific focus on crisis/violence intervention and prevention strategies and the impact of the same.

Development and Implementation of a Crisis Response System

Recognising sex workers vulnerability to HIV and sexual transmission of infections due to sex work as an occupation fueled with stigma, discrimination and violence experienced by FSWs; Alliance India established community-led violence redressal mechanisms through community-based organisations (CBOs) and partner NGOs to mitigate this violence. The primary objective of these mechanisms is to create an enabling social environment to reduce social marginalisation and vulnerability of FSWs to HIV. The components involved in reducing community vulnerability at a larger level include crisis response systems, police, legal and media advocacy and convergence with line departments.

Data Analysis: Qualitative and Quantitative

The quantitative and qualitative data presented in this report analyses the various forms, acts, triggers, and effects of violence FSWs experience along with their coping mechanisms and their response to violence. This report also tries to capture the unheard voices of the community, which need attention, as well the thoughts of FSWs on ways to mitigate the violence.

1. Quantitative Data

Computerised Management Information System (CMIS) Data

Members of the core advocacy group (CAG) from the Alliance India programme area carried out targeted investigations (TI) and sent in data. The CMIS data was compiled based on the data sent by TI level members of the CAG and provided insights into incidents of violence, perpetrators of violence, the time of occurrence, where they occurred, the nature of incidents, as well as the action taken against violent incidents between April 2011 and March 2012.

Tackling Violence (2009)

A comparative study was conducted in Alliance India programme and non-programme districts with FSW and men who have sex with men in 2009. The main objective of the study were to identify and assess various forms of violence faced by FSWs and MSM, to identify what factors trigger violence, and to assess the utility and effectiveness of violence response mechanisms practiced in both programme and non-programme districts. The study was an attempt to understand the types of violence FSWs face; and how it makes them vulnerable to HIV.

Qualitative research methods were adopted to gather information extensively and exclusively through focus groups discussions (FGDs) and in-depth interviews (IDIs), with a multistage sampling frame to reach the target groups.

Behaviour Tracking Survey (BTS) Round 1 (2010)

To measure the major outcomes and impacts of the interventions funded by the Bill & Melinda Gates Foundation (BMGF) under Avahan, BTSs were conducted at regular intervals. BTS was conducted in five districts of Andhra Pradesh primarily to collect information to track changes in behaviour in key population over time, and gather information on community mobilisation and advocacy efforts of Avahan. The behavioural indicators that BTS aimed to track pertained to sexual practices, programme exposure, community mobilisation and advocacy. All these have a bearing on the prevention of HIV and other STIs. The first round of BTS was conducted in 2009. The methodologies in the BTS study involved rapid remapping exercise followed by a sampling and quantitative survey. The sample covered in this round of study was 3,200 across the five districts.

BTS Round 2 (2012)

The second round of BTS was conducted in 2012 in the same five districts covered in the first round of BTS. Research methodologies were replicated. The revalidated list of the earlier round was considered as the sampling frame for selection of primary sampling units (PSUs) in round two as well.

2. Qualitative Studies

Tackling Violence (2009)

Majority of FSWs who participated in the study were home-based, as opposed to street or brothel-based. Participants defined violence as "sharirakamga peedinchadamu," or physical torture in Telegu. Slapping was the most common form of violence, followed by snatching money, torturing with cigarettes and tearing clothes. Almost all the participants in the study reported experiencing these forms of violence frequently. Participants said home-based FSWs faced more violence from family members, while street-based and brothel-based FSWs faced more violence from the police. Violence by a regular partner was in most cases ignored by the

FSWs since it was considered difference in opinion and not necessarily violence.

FSWs also reported that the most common trigger for violence was related to use of condoms. If the women asked their regular partners to use a condom, the partners would invariably see the request as a breach of trust and turn violent. The participants preferred male condoms over female condoms since female condoms were more expensive — they cost two rupees per pack.

Some of the other triggers for violence, said FSWs, included taking calls from other clients in the presence of a partner, and refusing to entertain a partner at odd hours, such as mid-night. Cases regarding non-payment post sex also triggered violence.

Violence among FSWs: Focus Group Discussions (2013)

Methodology: The data was collected through FGDs and one on one interviews with FSWs in three districts of Andhra Pradesh. A total of 76 FSWs participated, and all of them signed a consent form agreeing to participate in the FGDs and interviews.

The women reported that they were subjected to violence—physical, emotional, sexual and economic—at all stages, both in their personal and professional lives. The perpetrators of violence were family members, husband, partner/lover, partner's family members, clients, brothel owners, goons, auto drivers, government officials, police, media, house owners, healthcare providers, employers, male colleagues at work place and neighbours. The violence in their personal lives was viewed as a "domestic affair", which was considered normal, not to be taken seriously. Consequently, such incidents went unreported.

Causes or triggers of violence: The fear to break away from a relationship and the want of a man in their lives and the emotional bond of love which made women dependent were cited as the chief causes for violence by the husband or partner. Other reported triggers of violence included alcohol, financial insecurity, refusal to give money, suspicion, jealousy, refusal to have sexual relationship, condom use, answering phone calls in the presence of husband/partner/lover, gender norms and roles assigned to women where women have no decision making power, nor control over resources and property rights.

Response to violence: When a crisis arises among sex workers, they usually seek help from the CAG. FSWs report violence by a partner only in extreme cases because domestic violence is not perceived as violence. The predominant patriarchal gender norms further discourage the women from demanding their right and render them submissive, willing to accept their situation. Under such overarching gendered behaviour, the women feel that they may face more violence if they report or seek legal help. Therefore, they refrain from reporting violence.

Way Forward

It is necessary to address violence FSWs experience at two levels – individual and CBO levels. FSWs should change their attitude and behaviour towards tolerating violence both in their personal and professional lives. They need to follow a few self-regulatory mechanisms to reduce their risks and vulnerabilities in sex work. CBOs have a greater role in mitigating the

violence by providing support to victims, creating legal awareness among FSWs and taking up advocacy activities with different perpetrators of violence to promote human rights of sex workers.

Conclusion

Violence against FSWs is not only widespread; it is also accepted by many as a norm. Women are subjected to violence in their professional as well as personal lives. Alliance India commissioned studies show FSWs face extreme violence in all spheres of their lives. Such violence undermines even basic HIV prevention efforts such as promoting use of condoms, thereby increasing sex workers' vulnerability to HIV in several ways and adding to the existing HIV prevalence in society. HIV prevention interventions can succeed only when violence experienced by FSWs are addressed. In this context, while community-led crisis response systems are well placed and functioning effectively, there is urgent need to build the capacities of crisis response systems and CBOs to address the violence by clients, partners and family members.

Violence Interventions

Introduction

FSWs are among the most marginalised, stigmatised, and vulnerable communities that face high levels of violence. Studies recongise the impact of physical and sexual violence on the mental and physical health of women. Studies also point out that violence by an intimate partner is as important as violence by a client in contributing to increased vulnerability of street-based female sex workers to HIV in India¹. Studies also show that violence and increased risk of STI and HIV infection are associated with low levels of condom use. FSWs are also subjected to violence in their immediate surroundings, which comprise a complex web of "gatekeepers". These include clients, intimate partners, pimps, brothel owners, goons and law enforcement authorities. These gatekeepers often exercise control or power over the daily lives of FSWs and are usually the ones who perpetrate the violence. Equally important is the fact that FSWs experience violence not only in their profession, but also in their personal lives. They are at extremely high risk of violence than any other group of women.

Multiple factors that increase vulnerability to HIV due to violence were reported in this study. These included:

- (i) Coerced sex
- (ii) Coerced sex leading to injuries that increase transmission/acquisition of STI/HIV
- (iii) Men who are sexually violent are more likely to have high risk behaviour²

² Dunkle KL, Jewkes RK, Nunda M, Levin J, Jama N, Khuzwayo N, Koss MP, Duvvury N (2006) Perpetration of Partner Violence and HIV Risk Behaviour Among Young Men in the Rural Eastern Cape, South Africa



¹ Gable, Gostin, & Hodge (2008), HIV/AIDS, Reproductive and Sexual Health, and the Law

- (iv) Sex work is assumed to be illegal, and thus reporting of sexual and physical violence to the authorities is difficult. This often translates into continued violence without any checks³
- (v) The fear of violence from regular partners (husbands/lovers) resulting from inadvertent disclosure of sex work can deter FSWs from negotiating condom use with their partners and from accessing sexual health services⁴
- (vi) Reduced ability of sex workers to negotiate condom use and access STI services for testing and treatment.

UNAIDS has highlighted violence against sex workers and its importance in prevention of HIV. The Global Commission on the Law and HIV too has highlighted the different ways in which laws and policies criminalise sex work, and create conditions in which sex workers face increasing risks of both violence and HIV.

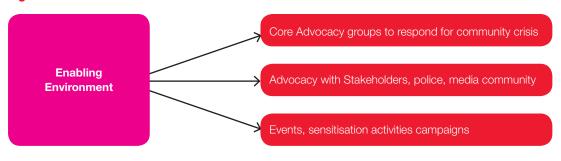
HIV epidemic in India is predominantly transmitted through the heterosexual route among an estimated population of 2.1 million. Sex work per se is not illegal in India, but this knowledge is limited among majority of police officials only. The emphasis of the Indian Immoral Traffic Prevention Act, 1956 is on penalising the act of solicitation, as well as penalising those who profit from sex workers, such as pimps, brothel keepers and traffickers, rather than penalising sex work itself.

Andhra Pradesh, with a population of about 500,000 people, ranks among the top four states in India with regard to HIV epidemic severity. Although the adult HIV prevalence rate is 0.75 per cent in Andhra Pradesh, the rates among FSWs ranged from 0.884 per cent to 0.009 per cent in some districts of the state. The estimated HIV/AIDS prevalence among the adult population was 0.27 per cent in 2011; it was 2.67 per cent at the national level.

Development and Implementation of a Crisis Response System

Sexual transmission due to sex work as an occupation; stigma, discrimination and violence experienced by FSWs make them more vulnerable to HIV. Recognising this, Alliance India has established community-led violence redressal mechanisms through CBOs and partner NGOs to mitigate the violence. The chief objective of these mechanisms is to create an enabling social environment for reducing social marginalisation and vulnerability of FSWs to HIV (see figure 1).

Figure 1



³ Gable, et al., HIV/AIDS, Reproductive and Sexual Health, and the Law Rhodes T, Simic M, Baros S, Platt L, Zikic B (2008), Police Violence and Sexual Risk Among Female and Transvestite Sex Workers in Serbia: Qualitative Study

⁴ Panchanadeswaran S, Johnson SC, Sivaram S, Srikrishnan AK, Latkin C, Bentley ME, Solomon S, Go VF, Celentano D (2008), Intimate Partner Violence is as Important as Client Violence in Increasing Street-based Female Sex Workers' Vulnerability to HIV in India

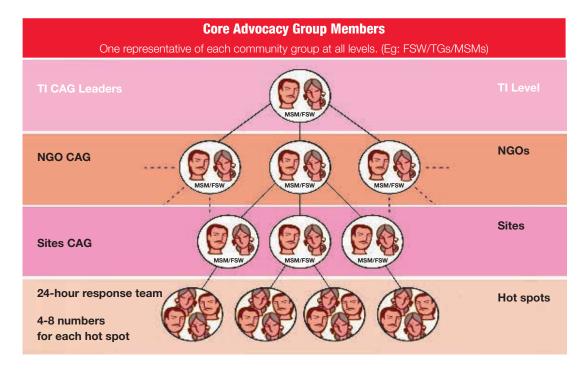
The components involved in reducing community vulnerability at a larger level are crisis response systems, police, legal, media advocacy and convergence with line departments.

Crisis Response System

The focal objective of this component is strengthening crisis response systems from the hotspot level to site and project levels. The key stakeholders are project team and communities. The activities include:

- Facilitating sessions on community-led advocacy and skill building
- CAG/PE/CBO members to respond to the crisis in the lives of FSWs
- Developing database and reporting systems through crisis management groups.

Specific community teams have been built for the purpose of creating confidence among the community members through immediate response to crisis. Core Advocacy Group (CAG) teams were formed to respond to incidents of violence. CAG leaders play an effective role in reviewing the incidents and providing support to handle the crisis situations effectively. See flowchart for the structure of the CAG team at different levels.



As part of CAG, round-the-clock response teams have been formed at hotspot level. Each team typically comprises four to eight members for a particular hotspot. The responsibility of this team is to respond to incidents of violence reported to them by the community. Consolidation of all crises happens at this level. Representatives from hotspots constitute site level CAG teams. At the site level, the focus is on advocacy initiatives to prevent crisis incidents before they take place. NGO or TI level CAG comprises representatives from the site level CAG teams. The responsibilities of TI CAG are to implement the advocacy action plan and handle the evidence based crisis data to advocate with key perpetuators of violence. Documenting the details of crisis incidents in pink card is also the responsibility of CAG members at the hotspot level. A pink card is a pictorial illustration depicting the form of violence faced by FSWs focusing on three issues: type of violence faced, description of the incident and action taken in responding to crisis including the follow up. The responsibility to consolidate crisis data from crisis cards lies with site and TI level CAG leaders.

Transition of Crisis Response System, 2013 and beyond

The CAG model has been integrated into the CBOs to strengthen the crisis management systems. Crisis response groups have been established from community based groups (CBG) level to the CBO level. CBG leader is the person responsible to address the crisis reported by the CBG members. CBO Executive Committee (EC) plays a vital role in working towards crisis prevention by targeting key stakeholders from the police, media and line departments by organising the advocacy meetings at the mandal level. Crisis registers have been developed and placed with all the CBG groups to document the crisis incidents. A CBG facilitator validates the data entered in crisis registers, and the CBO coordinator consolidates the data, which is analysed to understand who the perpetuators of violence are. The analysis is often the basis to organise advocacy meetings with key departments to strengthen and create an enabling environment to reduce vulnerability to violence and HIV.

Police Level Advocacy

The Andhra Pradesh State AIDS Control Society (APSACS) with support from all state lead partners (SLPs) proposed to include a police sensitisation programme as part of annual action plan. National AIDS Control Organisation (NACO) approved a budget of Rs 50 lakh to implement the programme to sensitise police personnel as well as build their perspective on the lives of FSWs. With this emphasis Alliance Andhra Pradesh took the lead role in rolling out state level training of trainers (ToT) and developed a training module, emphasising the importance of police's role in contributing to prevention of HIV. The ToT model was adopted in police ToT, where community members and the project coordinator from TI formed the resource group to handle the training sessions in all the districts of Andhra Pradesh. The model was well received nationally and internationally (see figure 2).

Figure 2 NACO supported with policy and finance related issues Director APSACS was instrumental General in advocacy, programme & of Police finance related issues The Community was instrumental in designing the Circle need based training module, Inspector as well as in facilitating the training Police Department involved officials from all the levels for Sub Inspector creating effective impact SP & DAPCU shared responsibility of rolling out of the training at the district level Head Constable The programme was well covered by the print and electronic media with support from NGO/CBO Constable

Meetings to sensitise the police paved the way for their active involvement in the TI implementation. The communities were also issued ID cards signed by the police authorities.

Legal Advocacy

To increase awareness on HIV and key population issues among the legal fraternity is the central objective of legal advocacy. It focuses on a two-fold approach: building awareness on legal rights specific to FSWs; and establish linkages with district and state legal services authorities to provide free legal aid to FSWs as part of referral system.

In this process consistent efforts have been made to train community members on laws and policies alongside sensitising legal service authority teams to understand the perspective of the FSW-communities and their living conditions. An advocate at the district level was identified and oriented with the issues and the advocate now assists community members to seek legal support when required. Structural intervention is a core area through which NACO and APSACS, with support from state lead partners, continue to provide legal clinics, to effectively implement lok adalats at the mandal level, including options such as mobile court.

To build communities as part of the comprehensive crisis response mechanisms, legal knowledge is crucial, and community members have been provided opportunities to associate with the district legal service authority (DLSA) where members from the community have been trained as para legal volunteers and accredited with ID cards provided by DLSA. Workshops are also facilitated, as are legal clinics by legal authorities under the legal advocacy component.

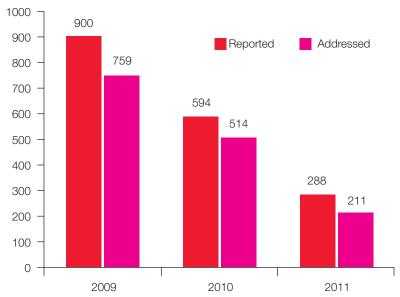
Media Advocacy

The objective of this component is to sensitise media personnel on HIV and key population issues for creating an enabling environment to reduce stigma and discrimination and mainstream HIV. Workshops, skill building and interaction with media and embedded messaging are often used for this. Community members have been trained as media spokespersons in the districts so that they acquire skills to respond effectively in debates in television news channels. These measures have worked. For instance, on the issue of legalising sex work in India, community spokespersons articulated their points very well, and two news channels even recorded high TRP rates when the programme was telecasted.

Outcomes of Advocacy Activities

- Availability of condoms through PEs at hotspot level and in the public places like railway station, bus stop, parks and public urinals has increased. Condom uptake by community members too has increased.
- There is reduction in police violence, unlawful arrests, and detention of community members on the pretext of false cases by the police.
- To a considerable level safeguarding the non-entry of minors (eighteen years) in the sex work practice.
- More than 100 community members were trained as paralegal volunteers and issued identity cards from DLSA.
- A pool of community media spokespersons from all districts.
- More than thirty episodes and panel discussions were aired on primetime in popular channels in the state.
- Media watch is an ongoing activity: negative articles and press clippings were advocated against to provide the perspective of the community.
- See the graph on next page for the total number of cases reported to and addressed by crisis response systems from 2009 to 2011.





Case Studies on Crisis Response Systems

Savitri (name changed), 49, had problems getting her daughter married. A match had almost been settled. But Savitri's daughter was rejected because her complexion was dark. On persuasion, the boy's parents agreed to settle the match with their elder son. They also demanded a dowry of Rs 300,000 in addition to gold and all household materials and furniture. With great difficulty, Savitri got her daughter married. The marriage though, remained unconsummated even after a week. The boy she was married to was nowhere to be seen. When the bride inquired about her husband's whereabouts, her in-laws informed her he had got a very good job in some other place and that he would return soon after joining the job. The bride awaited her husband's return, but to no avail. After a few weeks her father-in-law started harassing her. He would regularly approach her and seek sexual favours. She suffered sexual harassment for three months and then decided to head home to her parents.

Upon hearing her daughter's problems, Savitri sought help from the CAG members. She went along with the CAG members to the police station to file a case. But even that was not easy. They had to approach the deputy superintendent of police (DSP) who instructed his junior to lodge an FIR against the groom and his parents. The parents were summoned to meet the DSP. Finally, the parents revealed that their son was a homosexual and he was not interested in the marriage. They were pressured to return the dowry amount along with all the paraphernalia they had taken during the marriage.

Prabhavati (name changed), around 35, is a community worker. She had a partner. One day her partner left for some place without informing anybody. There was no news of her partner for three days. The man's parents lodged a complaint with the police against Prabhavati claiming she had a role to play in the disappearing act of their son. Prabhavati was arrested. When the CAG members and ORW got to know of the incident, they approached the police. Eventually, the man was located and the case against Prabhavati was dropped. Prabhavati is to marry her partner soon.

Hema (name changed), thirty-seven, is a sex worker and her neighbourhood is aware of her profession. She is harassed by her neighbours. Once a gang of ten people attacked her house and beat her cruelly. They told her to leave the locality. When advocacy members got to know of the incident, they rushed to Hema's house. They found her lying unconscious. They got her medical treatment. People in the neighbourhood complained to the police that she was engaging in sex work for which she was arrested. Advocacy members deposited Rs 5,000 to pay for her bail. The case is pending in court since March 2013. Advocacy members continue to provide all help to Hema for the court proceedings.

Lalitha (name changed), unable to cope with everyday violence by her partner, attempted suicide. But even that did not deter her partner. His behaviour became worse and he harassed her even more. She informed about the problem to a CBO. The CBO team approached the police. The police warned him of serious action if he did not stop harassing her. He was also counselled at a professional counselling centre. The harassment is reportedly less now.

Kavitha (name changed) was booked by a client. Post sex, the client snatched her necklace. She reported the incident immediately to the CBO. The team complained to the police and the police caught hold of the culprit. The necklace was recovered and handed over to Kavitha.

Data Analysis: Quantitative

The quantitative and qualitative data presented in this chapter analyses the various forms, acts, triggers and effects of violence experienced by female sex workers FSWs as well as their coping mechanisms and responses to violence.

CMIS Data

The tables in this section were compiled from the data sent by the core advisory group (CAG) members from Alliance India programme area. They show the data of perpetrators of violence, time of occurrence, location of occurrence, nature of violent incidents and action taken on cases from April 2011 to March 2012.

Table 1: Individuals in crisis incidents categorised by identity of offender

Offender	Anantapur	Chittoor	Medak	Khammam	Karimnagar	Nalgonda	Total
Police	24	17	0	8	0	0	49
FSW	31	37	14	30	1	3	116
MSM	19	35	6	3	4	5	72
Family	25	35	0	12	12	0	84
Partner	18	35	0	23	8	1	85
Client	7	28	0	29	7	1	72
Goon	2	12	0	2	0	0	16
Other	10	12	1	8	1	0	32
Total	136	211	21	115	33	10	526

It is clear from the table 1 that crisis incidents by family members, intimate partners, clients, police and goons were reported more. Violence from the police was high in Anantapur district, violence from clients was high in Khammam, and violence from intimate partner and family was high in Chittoor.

Table 2: Crisis incidents by time of occurrence

Time of occurrence	Anantapur	Chittoor	Medak	Khammam	Karimnagar	Nalgonda	Total
Morning	34	30	0	11	3	2	80
Afternoon	66	38	0	5	11	2	122
Evening	36	77	21	79	12	0	225
Night	31	67	0	20	7	6	131
Total	167	212	21	115	33	10	558

Table 3: Crisis incidents by location of occurrence

Location of occurrence	Anantapur	Chittoor	Medak	Khammam	Karimnagar	Nalgonda	Total
Brothel	21	10	0	4	0	0	35
Lodge	5	4	0	1	0	0	10
Street	40	55	20	17	12	5	149
Home	82	57	0	71	9	4	223
CBO premises	2	25	0	15	1	0	43
Clinic premises	0	1	0	1	1	0	3
Other	17	60	1	6	10	1	95
Total	167	212	21	115	33	10	558

Tables 2 and 3 show that the number of incidents reported occurred more in the house. Clearly, incidents of domestic violence are reported more.

Table 4: Crisis incidents by nature of incident

Nature of incident	Anantapur	Chittoor	Medak	Khammam	Karimnagar	Nalgonda	Total
Assault without weapon	18	11	0	4	2	1	36
Assault with weapon	6	13	0	4	0	0	23
Sexual assault	53	55	20	39	4	0	171
Police raid	14	10	0	3	0	1	28
Police arrest	10	6	0	4	0	3	23
Extortion (money or asset)	10	39	0	0	2	1	52
Eviction	0	0	0	0	0	0	0
Emotional/Verbal/ Psychological abuse	24	46	0	61	19	2	152
Abuse or discrimination by media	0	1	0	0	3	0	4
Other	32	31	1	0	3	2	69
Total	167	212	21	115	33	10	558

Table 5: Number of cases against which action was taken

Action taken	Anantapur	Chittoor	Medak	Khammam	Karimnagar	Nalgonda	Total
Number of victims counseled	97	224	21	111	28	3	484
Number of negotiation meetings with offender	19	39	0	0	6	2	66
Number of victims given medical care	4	13	0	0	0	1	18
Number of victims given legal representation	7	12	0	1	3	0	23
Number of police report filed	19	6	0	0	0	0	25
Number of victims provided with							
accommodation	3	3	0	0	0	0	6
Others	21	6	0	0	0	4	31

Tackling Violence (2009)

Alliance India conducted a comparative study in its programme and non-programme districts, with FSW and MSM communities in 2009. The main purposes of the study were to identify and assess various forms of violence faced by FSWs and MSMs; identify what factors triggered violence; and assess the utility and effectiveness of violence response mechanisms in practice. The qualitative research was an attempt to understand the types of violence faced; and how it made them vulnerable to HIV.

Research Methodology

Qualitative research technique was adopted to gather information extensively and exclusively through focus groups discussions (FGDs and in-depth interviews (IDIs. A multistage sampling frame was adopted to reach the target groups. The selection of the districts and the NGOs was based on the following criteria:

- Districts with high FSW population and low MSM population
- Districts with high MSM population and low FSW population

The criteria above aimed to represent and reflect disparities within Telengana and Rayalseema regions. Districts and the NGOs were purposively sampled. NGOs were categorised as old or new, wherever possible. A non-programme intervention site was selected with the help of the NGOs. The districts covered in the study were Khammam and Warangal in Telangana region and Anantapur and Kadapa in Rayalaseema region. Target respondents were selected randomly and those who gave their oral consent were taken on board as participants. The sample consisted of FSWs, MSM, ORWs, PEs and project staff of NGOs.

Information was collated through FGDs and IDIs. In all, 263 FSWs, eight ORWs and six NGO staff members participated in the study through 27 FGDs and 71 IDIs.

Table 6: Number of FGDs and IDIs conducted (Typologically)

		FSWs			MSMs						
	Home- based	Street- based	Brothel- based	Total	Kothi	Panthi	TG	Mixed	Total		
FGDs	15	9	3	27	2	1	-	2	5		
IDIs	28	35	8	71	16	8	2	-	26		

Quantitative Data: The quantitative data from the study is presented here.

Table 7: Typological distribution of number of FSWs participated in the study

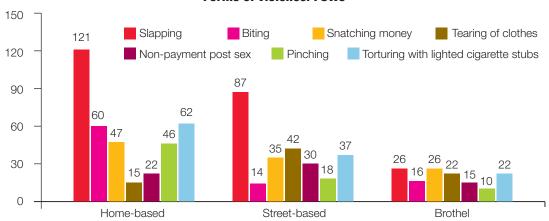
District	Home-	-based	Street-	-based	Brothel	Total	
	Number	%	Number	Number %		%	
Warangal	63	45.0	0	0	0	0	63
Khammam	26	18.57	8	8.24	8	30.76	42
Anantapur	25	17.85	19	19.58	18	69.23	62
Kadapa	26	18.57	70	72.16	0	0	96
Total	140	53.23	97	36.88	26	9.88	263

Table 8 shows the forms or acts of violence faced by FSWs as reported by them in FGDs and IDIs.

Table 8: Forms of violence faced by FSWs (Typologically)

S.No	Acts of violence	Home-	-based	Street	-based	Brothel-based		
		Number	%	Number	%	Number	%	
1.	Slapping	121	86.42	87	89.69	26	100	
2.	Snatching money	47	33.57	35	36.08	26	100	
3.	Non-payment post sex	22	15.71	30	30.92	15	57.69	
4.	Torturing with cigarette	62	44.28	37	38.14	22	84.61	
5.	Biting	0	0	14	14.43	16	61.53	
6.	Tearing of clothes	15	10.71	42	43.29	22	84.61	
7.	Pinching	46	32.85	18	18.55	10	38.46	

Forms of violence: FSWs



BTS Round 1 (2010)

To measure the major outcomes and impacts of the interventions funded by Bill & Melinda Gates Foundation (BMGF) under Avahan, the behaviour tracking survey (BTS) was conducted at periodic intervals. BTS was conducted primarily to collect necessary information so as to track behaviour change in key populations over time and inform on the community mobilisation and advocacy efforts of Avahan. The behavioural indicators that BTS aimed to track pertain to sexual practices, programme exposure, community mobilisation and advocacy, which have a bearing on the prevention of HIV and other sexually transmitted infections (STIs). The first round of BTS was conducted in 2009.

Research Methodologies

The BTS study involved two stages: rapid remapping exercise followed by the sampling and quantitative survey. Through the rapid remapping exercise, the sites or hotspots where the target population groups congregate at different time slots of the day and different days of the week were generated based on the list of sites/hotspots for each of the target population groups provided by the Alliance and its NGOs at the district level.

Using this updated site list, a sample number of sites and the number of interviews to be done were arrived at using the two-stage sampling design. The sampling methods adopted were conventional cluster sampling for the brothel based sex workers and time location cluster sampling method for non-brothel based sex workers. Primary Sampling Units (PSUs) were selected by the Population Council as per the BTS guidelines.

The study was coordinated by India HIV/AIDS Alliance in five districts of Andhra Pradesh. The districts covered were Khammam, Warangal, Kurnool, Medak and Anantapur. The target groups covered were FSWs and MSM. A total of 3,200 participants were covered as sample in the study. The respondents were taken to a convenient location for the interviews.

Table 9: Sample Size Allocated by Target Group and District in Round 1

District	FSWs	MSM	Total
Khammam	400	400	800
Warangal	400	-	400
Kurnool	400	400	800
Medak	400	-	400
Anantapur	400	400	800
Total	2,000	1,200	3,200

Structured questionnaires were used for the survey. The FSWs were asked questions in the study to understand the environment they were living in as well as questions on police behaviour and the violence the workers are subjected to.

BTS Round 2 (2012)

The second round of BTS was conducted in 2012 in the five districts covered in BTS round 1. Research methodologies used in round one were also followed in round two. The revalidated list of the earlier round was considered as the sampling frame for selection of PSUs in round two as well. The sample covered in the second round was 3,200 across the five districts, like in the first round.



Table 10: Violence experienced by female sex workers - BTS Round 1 and Round 2 comparison (Weighted percentages)

Indicators	Kham	nmam	Wara	angal	Kurnool	Ме	dak	Anan	tapur	Total	BTS-2
	BTS-1	BTS-2	BTS-1	BTS-2	BTS-1	BTS-1	BTS-2	BTS-1	BTS-2	BTS-1	
Circumstances for entering into sex trade – Forced	8.1	1.0	3.5	1.0	22.7	1.7	1.0	14.2	7.1	12.3	2.0
Ever have been beaten	23.9	4.4	30.2	25.9	34.8	18.8	10.6	32.3	29.9	29.8	15.9
Physical violence experienced in last one year	15.2	2.6	13.7	7.0	27.6	9.4	4.3	19.4	11.8	18.4	5.3
Persons who	oerpetra	ted the	violence	e in the I	ast one y	ear					
Regular partner	50.18	-	41.84	-	36.5	55.57	-	37.44	_	41.9	24.0
Client	41.06	-	27.88	-	17.62	28.38	-	46.32	-	31.0	36.0
Goons/ Stanger	45.17	-	28.15	-	27.45	26.59	-	17.93	-	28.0	31.39
Police	17.56	-	8.17	-	30.16	4.94	-	38.33	-	23.9	25.0
Madam/broker	8.41	-	12.46	-	13.95	0	-	17.69	-	12.1	12.62
Other sex workers	9.64	-	5.76	-	8.01	0	-	8.81	-	7.2	7.0
Others	2.0	-	0	-	3.66	4.18	-	0	-	2.0	2.0
Filed a complaint against physical violence in last one year	34.9	0.0	28.1	7.7	33.6	29.0	32.3	26.2	20.9	29.0	13.5
Ever been forced to have sex by anyone	-	2.6	-	25.6	-	-	7.1	-	25.2	-	11.1
Ever beaten by police	9.3	26.4	3.3	7.8	23.3	2.4	0.0	22.5	6.1	18.1	7.5
Beaten in last one year by police	15.5	44.6	7.3	28.8	29.3	4.8	0.0	37.5	15.5	29.3	19.2
Ever arrested by police	5.7	1.3	7.6	4.8	20.3	2.9	0.3	19.8	10.3	18.5	4.1
Have stopped carrying condoms due to fear of police	11.9	13.7	9.1	3.4	23.0	2.0	8.4	31.3	10.7	27.7	9.0

All the FSWs who participated in both the rounds of BTS were asked whether someone
forced or coerced them into commercial sex, or economic difficulties and poverty pushed
them into sex trade: 12.3 per cent FSWs in round one and 2 per cent in round two
reported that they were forced into sex work, the number being higher in Anantapur district
(14.2 per cent in round one and 7.1 per cent in round two).

- Almost one-third (29.8 per cent) FSWs reported they were beaten and one-fifth (18.4 per cent) reported to have been beaten in the past twelve months in round one. The numbers declined in round two: to those being beaten at 15.9 per cent; and beaten in the past twelve months at 5.3 per cent. High incidence of physical violence experienced in the last one year was high in Kurnool and Anantapur districts in both the rounds.
- Regular partner (41.9 per cent) followed by clients (31.0 per cent) had beaten FSWs in round one, while clients (36 per cent) and goons/strangers (31.39 per cent) were the perpetrators of violence, as revealed in round two. Regular partner violence decreased in round two. But, proportions of violence by other persons (clients, goons/stranger, police and madam/broker) increased in round two.
- Violence by a partner was more in Medak (55.57 per cent) followed by goons/strangers in Khammam (45.17 per cent), while the violence by clients (46.32 per cent), police (38.33 per cent) and madam/broker (17.69 per cent) were high in Anantapur district in round one.
- Nearly 30 per cent (29 per cent) of the FSWs reported that they had filed a complaint
 against physical violence in the last one year in round one. In the second round, the
 proportion who had filed a complaint decreased to 13.5 per cent. The reason for this may
 be the decline in physical violence experienced by FSWs.
- In rounds one and two, 29.3 per cent and 19.2 per cent of FSWs were beaten in the year before the study. When asked whether they were ever arrested by the police, about one-fifth (18.5 per cent) in round one and one in twenty five (4.1 per cent) in round two answered in the affirmative. Further, about one-third (27.7 per cent) and one-tenth (9 per cent) in one and two respectively, reported to have stopped carrying condoms due to fear of police in the six months prior to the study.

Table 11: Discrimination experienced by female sex workers - BTS Round 1 and Round 2 comparison (Weighted percentages)

Indicators	Khan	nmam	Wara	angal	Kur	nool	Ме	dak	Anan	tapur	То	tal
	BTS-I	BTS-II	BTS-I	BTS-II	BTS-I	BTS-II	BTS-I	BTS-II	BTS-I	BTS-II	BTS-I	BTS-II
Extent of fa	ir treat	ment by	police	compai	red to la	st year						
No	0.3		0.7		0.5		0		0		0.2	
Yes	15.3	36.6	14.8	24.1	15.4	21.7	14.9	32.8	13.5	27.1	14.3	28.9
Somewhat	24.0		50.9		47.3		24.3		67.1		51.7	
Never interacted with police	56.4		33.4		35.0		60.3		19.5		32.9	
Extent of fa	ir treat	ment by	,									
Hospitals	42.2	53.8	65.6	71.2	37.5	71.7	73.2	69.8	69.9	60.8	61.1	64.3
Banks	35.7	75.5	64.6	62.6	69.4	74.6	87.8	59.8	79.1	75.0	70.7	70.2
Post offices	33.4	51.4	56.6	60.3	29.8	75.9	83.1	37.8	62.3	72.4	55.0	59.9
Other public places	41.4	68.4	53.8	42.7	49.9	72.1	63.6	57.7	47.2	69.4	48.9	62.6

• Table 11 presents the analyses of sex workers' perceptions about the way their community is treated by the police and at public places such as banks, hospitals, post offices, and other places. There is an increase in the proportion of FSWs in round two (28.9 per cent) reporting fair treatment by the police in the year before the study, compared to round one (14.3 per cent). The proportion of sex workers reporting fair treatment in banks (70.7 per cent and 70.2 per cent in rounds one and two respectively) and hospitals (61.1 per cent and 64.3 per cent) was more or less the same in both the rounds.

Table 12: Social entitlements acquired by FSWs

Indicators	Khammam		Warangal		Kurnool		Medak		Anantapur		Total	
	BTS-I	BTS-II	BTS-I	BTS-II	BTS-I	BTS-II	BTS-I	BTS-II	BTS-I	BTS-II	BTS-I	BTS-II
Have a ration card	79.5	81.3	93.6	85.1	92.3	88.5	95.0	87.6	93.1	91.2	91.1	86.6
Have a bank account	40.6	47.1	60.5	36.2	73.7	42.2	40.0	37.1	83.4	63.3	69.0	46.5
Have a voter card	72.4	72.3	74.4	73.5	85.4	74.0	86.7	89.7	92.4	79.4	86.3	77.4

 Majority of the FSWs said they had a ration card (91.1 per cent and 86.6 per cent) followed by voter card (86.3 per cent and 77.4 per cent) and slightly less proportion (69.0 per cent and 46.5 per cent) reported to have a bank account. Owning a ration card and voter card was relatively low in Khammam district in both the rounds.

Data Analysis: Qualitative

Major Findings: Tackling Violence (2009)

- Among all the FSWs who participated in the study, majority of them were home-based (53.23 per cent), 36.88 per cent street-based and 9.88 per cent were based out of brothels.
- Participants termed violence as "Dourjanyam" and defined it as "Sharirakamga peedinchadamu" (physical torture), and harassment was termed as "Himsa" and was defined as "Manasikamuga peedinchadamu" (mental torture).
- The workers had experienced violence at some point in their lives, and had even grown to accept it as part of their everyday life.
- Home-based workers faced more violence from family members, while street-based and brothel-based workers faced violence and harassment from the police.
- Slapping was the most common form of violence among all typology of FSWs (86.42 per cent in home-based; 89.69 per cent in street-based and 100 per cent in brothel-based). Snatching money (100 per cent), torturing with cigarettes (84.61 per cent) and tearing clothes (84.61 per cent) were some of the other common forms of violence brothel workers faced; tearing clothes (43.29 per cent) and torturing with cigarettes (38.14 per cent) in the case of street-based workers, and torturing with cigarettes (44.28 per cent) and snatching money (33.57 per cent) were the other forms of violence faced by home-based workers.
- Interestingly, the workers react differently to the acts of violence committed by a regular partner from those committed by a non-regular partner. Violence committed by a regular partner was mostly ignored, as it was seen as a difference in opinion leading to violence like in any other couple. "Intilo mougudu Pellam madya ivanni avutune untayi" (arguments and fights happen between wife and husband in every family), and hence they never reported such violence. However, violence by a non-regular partner was not tolerated and was immediately brought to the notice of the other community members.
- Retaliation against a regular partner was limited to verbal abuse only, and this happened once in a while. "Mogunni yela kottadamu," (you can't hit your husband) said one of the participants during an FGD, while others retorted "Vadu nalugu saarlu nannu maatalu ante, nenu kuda rendu saarlu antanu." (Once in a while, I also give back). However, at intervention sites, retaliation was found to be common—against a regular partner. Among the FSWs retaliation was limited to verbal abuse only.
- Condom use was the most frequent trigger for violence. Clients abused verbally and got
 physical by slapping, biting, tearing clothes or tortured them with cigarettes, reported
 home-based and street-based workers. They added that such incidents were routine.
 Cases of non-payment post sex were also on the rise.
- During the FGDs, brothel-based workers revealed that pimps or brothel owners did not
 permit use of condoms. Each sex worker in a brothel was paid a salary. Insisting on clients
 wearing condoms was not viable because it meant a possibility of losing clients as well as
 invite harassment from the police if any violence arose out of the insistence on condom

Daily Realities

During Dussehra festivities, the regular partner of a tribal woman, a sex worker, did not find her at home and began looking for her. He found her body in a drain. Enquiry by police led to the suspects: a group of auto drivers. They murdered her because she rejected their sexual advances.



Negotiating for safe sex is not easy, a worker said in one of the FGDs. "I try all methods to ensure clients use condoms. These range from me trying to make him wear the condom while engaging in oral sex and foreplay, and even dimming or switching off the lights sometimes. If these fail, I excuse myself on the pretext of using the washroom, and wear a female condom. I never have sex without condoms with non-regular customers," she said.

- use. "I have to pay each worker. If I insist on use of condoms, we will not get customers. Most of them do not want to use condoms, and I give them the choice to not use it," said a brothel owner.
- A regular partner often saw insistence on condom as a breach of trust. His reaction would invariably be violent.
- Sex workers preferred that males use condoms, since female condoms cost two rupees per pack. However, if a client refused to use a condom and still insisted on penetration, the workers resorted to female condoms.
- Most of those who shared their safe sex negotiating skills were ORWs and PEs.
- Other factors that triggered violence included taking calls from clients or talking to them in hushed voice in the presence of a partner or refusal to entertain them late at night.
- FSWs were aware of members of the crisis response teams (CRTs). They approached CRT members when they were in crisis and said they were happy with the members' response to the crisis. They even said that the members inspired confidence in them.

Violence among FSWs: Focus Group Discussions (2013)

Data was collected through four FGDs and 20 one-on-one interviews with FSWs from four CBOs in Anantapur, Chittoor and Warangal districts of Andhra Pradesh (see table 13). The participants comprised home-based, street-based and brothel-based sex workers, CBO representatives, crisis response team (CRT) members, peer educators (PEs) and outreach workers ORWs. A total of 56 community members participated in the FGDs. Interviews were conducted with 20 community members, who consist of a mixed typology: FSWs, CRT members, ORWs and PEs. Before beginning the group discussions and the interviews, the purpose of the activities was explained to all the participants, following which they signed a consent form.

Table 13: Participants for data collection

Name of the CBO	District	Participants in FGDs	No. of 1-1 interviews
Pragathi Mytri Mahila Sangam	Gunthakal, Anantapur	18	5
Velugurekha Mahila Welfare Society	Mahabubabad, Warangal	13	5
Sri Navachaitanya Premasangam Mahila Mandali	Chittoor	14	5
Sri Sakthi Chaitanya Mahila Sangam	Tirupathi, Chittoor	11	5
Total		56	20

Findings: "Violence is universal, all over and in all places"

Workers reported that violence was a common factor both in their personal as well as professional lives. They categorised violence as physical, emotional, sexual and economic. The perpetrators of violence included family members, husband, partner/lover, partner's family members, clients, brothel owners, goons, auto drivers, government officials, police, media, house owners, health care providers, employer, male colleagues at work place and neighbours. The violence, especially in their personal lives, was seen as normal and a domestic affair, not to be taken seriously. Tables 14 and 15 elucidate the various forms of violence perpetrated by different players in their lives and occupation as reported by the FSWs.

Table 14: Women's lives and gender based violence as reported by FSWs in FGDs

Stages of life	Perpetrators of violence	Forms of violence		
Pre-birth	Husband, in-laws	Preference for a son; if the husband and in laws find out that a girl is expected, they might put pressure for an abortion.		
Infancy	Parents, grand parents	Parents feel unhappy, unlucky and guilty if the child is a girl; celebration is limited and spending money on the baby is considered wasting money.		
Childhood	Parents, brothers, uncles	Little appreciation from family; discrimination in education and food - mother and daughter are given leftovers; (the belief behind not giving a girl good food is if she is well fed, she will grow faster, hence early onset of puberty which will mean her parents will have to arrange for her marriage); physical violence; verbal abuse; sexual abuse in schools; incest.		
Adolescence	Parents, brothers, uncles, cousins, husband, brother-in-laws, neighbourhood boys, men at work place	Seen as burden by parents; rules and restrictions are imposed: "Don't talk to boys", "Don't talk too loud", "Don't make demands"; if she breaks rules, she gets beaten; when menstruation starts, the girl is not allowed to cook, pray or go to temple during the menstruation period; forced to leave school and find wage labour; sexual abuse and incest at home; sexual harassment at work places and schools; rape; verbal abuse; child marriage; coerced into sex work against their will.		
Reproductive age	Husband, in laws, brothers- in-law, men at work place, neighbourhood men	Has to earn wages and care for her family; husband takes income; forced into sex work against her wish; heavy workload and low consumption of food; if she eats food before the husband has had food, she gets beaten; husband suspects; tears clothes; burns her with cigarette stubs; pulls hair; dowry harassment; marital rape; if she has no children, she is stigmatised as "barren"; if she has a baby girl, she will be blamed and beaten; if her husband dies, she loses respect in the community; sexual harassment at work; verbal abuse.		
Elderly	Sons, daughters- in-law, grand children	No respect; seen as a burden and waste of food; family members wait for her to die; no one gives her attention or listens to her; kept hidden and isolated; daughters-in-law curse her; verbal abuse; beaten by her children.		

Table 15: Violence faced by FSWs from different perpetrators in sex work

Perpetrators of violence	Forms of violence	
Clients	Rape; physical assault; pinching; non-payment post-sex; no to condoms; demand group sex; force to consume alcohol; burn with cigarette stubs; demand oral and anal sex; demand different types of sexual acts; bite; use filthy words; grab money; pay less.	
Goons	Hit; abuse; use obscene language; forceful sex; snatch money; collect money from sex workers every day; demand different sexual acts; blackmail and threaten to kill; force to drink alcohol; cigarette burns; demand for new girls.	
Brothel owners	Force girls into sex work; spend sex workers' money; sell the girls in red light areas; untimely payments; not enough food; force to entertain client through ill-health; engage in condom-free sex; fight and abuse verbally.	
Intimate partner	Cheats; snatches money; hits; forced sex; demands sex without condom and different sexual acts; forces to cater to his friends' sexual demands; harass; impregnates and refuses to accept responsibility; brings multiple partners; if she wants to put an end to the relationship, he threatens and blackmails; forces her into sex work.	
Police	Use obscene language; pass sarcastic comments; book false cases; demand free sex in exchange for their release; beat brutally; snatch money.	
Government officials	Contemptuous looks; demand free sex in exchange for the work; verbal abuse; make them wait in their offices.	
Men at work place	Demand free sex; if a woman refuses, she is expelled from the job; sexual and verbal abuse; rape.	

Understanding Intimate Partner Violence (IPV) among FSWs

To identify and understand IPV among FSWs, it is crucial to understand who is considered an intimate partner.

For street-based FSW: The intimate partner is the one who lives on her earnings and who encourages her to engage in sex work and plays the role of a broker. A worker usually feels this partner provides security when she faces any problem from the clients.

For home-based FSW: Apart from her husband she may have a lover or a boyfriend, who is also her regular client and who she is emotionally involved with. He supports her financially. Most of the times, she feels obligated to help her boyfriend/lover, when he asks money or is in need.

For brothel-based FSW: It could be one of the clients who she is emotionally involved with, who doesn't live with her but frequents her and she accepts him as her husband and feels obligated to please him and oblige all his demands, both sexual and financial.

Typically the FSWs defined an intimate partner as a temporary husband, lover or boyfriend who she is not legally wedded to, but whom she still considers her husband. With this person there is an emotional bond and she shares her issues, concerns as well as family matters. He is a regular long-term non-paying partner. He is someone who is hers and who can be projected to her children as their father. He is the one who comforts her when she is sick, and may help her financially. Most often she does not use a condom with him, even though the intimate partner may have his own family.



Experience and Forms of Violence

Intimate partner

Irrespective of their typology, all workers had experienced all forms of violence—physical, emotional, sexual, and financial. Most of the FSWs did not insist on their partner wearing a condom. When they did, the answer usually was, "Why would I come to you, if I have to use a condom?" Some of the FSWs felt it was one way of showing their love and intimacy for their partner.

Physical: Such violence involves throwing objects; beating up brutally with hand/stick/iron rod/belt; burning with cigarettes; slapping; kicking; pulling hair pulling; biting; pinching; hitting with a weapon; and even stabbing with a knife.

Emotional: Such violence involves verbal abuse, filthy language, insults, suspicion, belittling, scolding, threatening, blaming for promiscuous behaviour, and disrespecting. If a client comes to her regularly for sex, the partner suspects her. He is usually scared that she may give all her earnings to other clients. So, he uses violence as a means to control her.

Economic: Such violence entails demand for money and even seizing the FSWs' income; forcing her for more sex work for more money; wasting money on drinking and playing cards. The intimate partner often acts as a broker/pimp who gets her clients and takes money from clients but does not give her the money.

Sexual: An intimate partner wants her to remain beautiful. He demands for different types of sex and if she does not comply, he beats her and uses filthy language and forces himself on her. He insists on sex without a condom, nude sex and anal sex. He forces her to consume

Daily Realties

Partners say, "ninnu vunchukunnakaa muddulu, guddulu tappavu". (If I keep you there will be kisses and kicks).



"Maa bharyalanu ituvantivi adigithe parakatho kodatharu. Andukee mee daggariki vasthamu. Meeru vunnadi ee panike kadaa. Neeku kaavaalsindi dabbu, nenu neeku ekkuva dabbu isthanu, maaku nachhinatlu chevi. Samsaari laagaa matlaadaku," a client said. (If we ask our wives for anal sex, they will beat us with broomstick. That is why we come to you. You are destined for this work. You want money and I will pay you more money. Do whatever I want. Do not bluff like a housewife.)

alcohol before sex. He coerces her to have sex with his friends, separately or group sex. He compels her to watch pornography.

"One of my friends was a sex worker in Karimnagar. Her partner forced her into group sex with his friends. They tortured her so much that she died," reported one of the FSWs in Mahabubabad.

FSWs are tortured by their partner's family members, usually wife and children, for having a relationship with the partner. Sometimes, they have to earn to run the partner's family as well. If FSWs want to severe the relationship with their partner, they start blackmailing threatening to disclose the nature of their relationship to the worker's husband, family members, neighbours or others.

Clients

Participants said that among all types of sex workers, street-based FSWs faced more violence from their clients. Violence often includes:

- Paying less than what they promise to pay. Sometimes not pay at all.
- Insisting on sex without a condom. Demanding different types of sex—mostly oral and anal sex. Luring FSWs by offering high payment for anal sex. If they refuse, clients beat and force them for anal sex.
- If a FSW belongs to scheduled caste, clients pay her less.
- Being booked by a client for single partner sex and then forced into multiple partner or group sex. FSWs comply fearing for their lives. "Vaallu cheppinatlu vinakapothe baagaa himsistharu. Debbalu tinakundaa bayata padataaniki vaallu cheppinatlu chestaamu," said a FSW (If you don't listen to them, you will be beaten up badly. To avoid getting beaten up, we do what they tell us.).
- If clients do not agree on using condoms, FSWs use female condoms.
 Some clients even remove the female condom. They do not want any condom at all.
- Some clients force FSWs to consume alcohol before sex, when they take them out for the entire night. They spend the night with them and in the morning steal their money and jewellery. "Memu padi rupayalu sampadinchukovaalani danda chestunnamu. Kaani kastamarlu maa dabbu dochukoni pothunnaru, thalibottu kudaa teesukoni pothnnaru," a worker said. (We are in this profession to earn some money, but clients take our money, even our mangal sutras).

Goons/Strangers

Goons are usually auto drivers or petty shop owners or the others in the hotspots. They collect money from FSWs and lend the same money to them on high interest. Sometimes, they arrange clients for them and take commission. Typically, violence on their part involves threatening FSWs; grabbing their money; sexual abuse, demanding free sex, even raping them; taking photographs or videos when FSWs are with clients to blackmail them for money and free sex; beating them and verbally abusing them.

Police

Law enforcement authorities are among the key perpetrators of violence experienced by FSWs. The situation arises primarily owing to the ambiguity in legal status of sex work as an occupation. Such violence will continue on FSWs until government takes the right stand on the legal status of this occupation. Violence by the police typically comprises:

- Booking false cases and demanding free sex in exchange for their release.
- Placing them in police stations after raids where they are sexually exploited and physically abused
- Threatening and using filthy language.
- Demanding free sex and sexually abusing FSWs.
- Physically abusing FSWs.
- Grabbing money.

Daily Realities

In Chittoor, a man doubles as a home guard and pimp. His father is a constable. One day, back in 2009, he negotiated a deal with a FSW for himself and took her to his house. There he made some phone calls and called five more clients. He left the house as soon as the clients reached and paid him. The clients coerced her in group sex and tortured her for five hours. Not able to bear this, she screamed. Seeing her pain one of the clients convinced others to let her go. The next day, she shared her experience with the advocacy team, but no action was taken against the home guard. She had to leave Chitoor after the incident.

In another such incident in Chittoor, police arrested three FSWs in a raid in July 2013. An outreach worker (ORW) went to the police station when she got to know of the arrest. A new circle inspector (CI) had taken charge at the police station just a few days before the raid. When the ORW introduced herself to the CI, he left the police station and returned after four hours making her wait for him. Meanwhile, one of the constables informed the CI about the ORW's work. The CI called her and said, "Nuvvu condomlu ichhi dandani encourage chestunnavataa, mundu ninnu lopala padesi tannali", (You are encouraging sex work by distributing condoms. First, you must be put in lockup and punished). The CI verbally abused the ORW and other FSWs and they were allowed to leave only after another hour.



Daily Realities

"Nenu ration card kosam mandal officelo application pettukunna. Akkada unna clerk nannu 15 saarlu tippinchadu, annisaarlu naatho padukunnadu. Aa taruvaathe naaku ration card vachhindi," a worker said. (I had filed an application for ration card in the mandal office. The clerk in the office made me come to his office fifteen times, and each time he slept with me. I got the ration card only after that.)

"My friend's daughter's name is Revathi in school records. Her pet name is Sony. Everybody calls her Sony. The fixed deposits in the bank and ration card are made under the name of Sony. So, my friend wanted to change her daughter's name in the school records. She met the headmaster for this but he demanded free sex for this work. She had to sleep with him four times to change her daughter's name in school records," a worker said.



"Earlier I used to work as a sales girl in a fancy store.
Unable to tolerate the sexual harassment from our owner,
I left the job. Now I am working as peer educator."

Line Departments

"Wherever we go... any office, school, hospital or bank, we are sexually exploited or meet with discrimination... that is our life in a society!" said one of the community members in an FGD.

These words portray the situation of FSWs and what they have to go through in government offices when they go there for any work. They are vulnerable to violence at all times. The staff in government departments demands free sex in exchange for work. If they do not comply, their work remains pending. FSWs face stigma in hospitals too. When they go for treatment, hospital personnel do not touch them and keep distance while talking to them. There are many instances when community-based groups members are stigmatised in banks as well. They are made to wait in the banks when they go to open an account for their group savings.

Workplace

Many participants were employed as construction labour, domestic labour, agriculture labour or had petty businesses as fruits or vegetables vendors, sweepers, sales girls, tailors, ASHA workers, peer educators, outreach workers etc. Most of them were forced to become sex workers for want of money. They typically faced the following:

- Whenever the owner or the employer wanted sex, she had to comply. If not, she was thrown out of work. Male coworkers demand sex whether it is paid or free.
- FSWs face lot of verbal and sexual abuse from men at the work place.
 "Pani chese daggara maamulu aadavaallake magaalla nundi rakshana
 leedu. Aadadaanigaa, oka sex worker gaa maaku redu rakaalugaa himsa
 vuntundi." (Women in general face a lot of violence from men at the work
 place. Being a female sex worker, we face it a lot more).

Husband

A husband is someone a sex worker is legally wedded to. She believes he has every right to beat her. FSWs do not perceive harassment within the home as violence. They consider it as a domestic affair, a norm that is acceptable. Violence entails:

Physical: The husband throws objects, beats brutally with hand/stick/iron rod/belt, burns with cigarettes, slaps, kicks, pulls hair, bites, pinches and hits with weapon and even stabs with a knife; heavy work load inside and outside home.

Emotional: The husband abuses verbally, uses filthy language, insults, suspects, belittles, scolds, threatens, blames for promiscuous behaviour and disrespects. If children are not born, the husband marries a second time.

Economic: The husband demands money and seizes her income, forces her into more sex work, wastes money on alcohol and playing cards, harasses her for dowry and does not allow his wife to spend money on herself.

Sexual: The husband demands different types of sex and if the wife refuses, she is forced into it; he uses filthy language and gets what he wants in sex;

insists on sex without a condom; marital rape is a common feature; has no reproductive rightis – preference for a male child leads to further violence if FSW gives birth to a girl child; does not let his wife have any say on matters related to sex.

Family Members

Family is the primary place where women are discriminated, stigmatised, harassed and marginalised. Participants reported that women faced more violence within the family. FSWs faced violence in sex trade, but violence within the family started much earlier. The problem is FSWs did not consider this as violence and accepted it as part and parcel of life.

"If one is born a woman, she is born into a life of violence. A girl child faces violence from an early age and it does not stop till she dies," a sex worker said. Typical features of such violence include:

- Discrimination in food, clothes, education, opportunities, and property.
- Incest, sexual abuse from uncles, brothers-in-law and cousins.
- Sending girls to work to earn money for their marriage expenses.
- Work load from a tender age.
- Parents forcing their daughters to get married against their will.
- Parents sending their daughters for sex work to run their families.
- Girls not being allowed to talk to their male peers.

Causes or Triggers of Violence

The feeling that women are helpless alone, the need for a man as the "protector" and the need for an emotional bond and intimacy were cited as the root causes for husband or partner led violence. The FSWs also cited other triggers of violence—influence of alcohol, financial insecurity, refusal to give money, suspicion, jealousy, refusal to have sexual relationship, condom use and taking phone calls in the presence of husband/partner/lover. Other causes of violence included social and gender norms and roles attributed to women, no decision making power, no control over resources, no property rights, social insecurity, stigma and discrimination.

"Entha anakuvagaa vunnappatiki aadadaanike nindalu, debbalu," a sex worker said. (Women try to be so submissive, yet they have to face blame and violence.)

Effects of Violence

Violence experienced by women in general and FSWs in particular stood out as the most serious public health concern. Violence makes FSWs and their clients (general public) more vulnerable to HIV. Perceptions, of men about condom use prevent them from using condoms in any sexual activity, whether it is commercial or marital. They have the last word on condom use and resort to violence if their wives or FSWs insist on condoms. Our research substantiates this. Sex without condom or unprotected sex results in transmission of HIV or other STIs. Thus, addressing violence is the key aspect in reducing vulnerability to HIV. Violence not only increases vulnerability to HIV, but it is also the key barrier to one of the components of Alliance India's programme on promoting use of condoms.



Daily Realties

Unable to bear the violence by her husband, a sex worker left her husband and started living with her two children. Her son took to alcohol and in his drunken state, he bagan sexually abusing his sister.

In another incident, an FSW said, "My mother's experience is very sad. No mother perhaps faced what she has gone through." Her husband abandoned her after she had his three children, two boys and a girl. Now her elder brother, who is a driver, drinks every day. He was in love once, but his girlfriend left him because of his violent behaviour. After which the son began inisisting his mother sleep with him.

In another incident, a woman divorced her first husband when her two girls were very young. Her parents got her married again when her younger daughter was only a couple months old. She chose to leave her elder daughter with her parents, and took the infant along with her. After many years, her unemployed husband met with an accident. Her daughter began taking care of him. He forced himself on the girl. She got pregnant and delivered a boy.

Violence also leads to low self-esteem, emotional stress and depression. Some FSWs take to alcohol to cope with their situation.

Response to Violence

FSWs were asked what they do when they are beaten or experience violence by husband or family members or an intimate partner. The most common answer was, "We just bear it." A small proportion of women leave their partners or husbands if they cannot tolerate their violent ways but the majority put up with it.

Reasons for not Reporting Husband and Partner Violence

First, FSWs do not perceive it as violence. Patriarchal gender norms further discourage women from demanding their rights which making them submissive and willing to accept their situation. Under such overarching gendered behaviour, the women feel they are likely to face more violence if they report or seek legal help. Therefore, they refrain from reporting violence. Most of them tolerate and continue with the relationship for fear of dishonour in the society, and feel helpless without male support. Most of them accept and tolerate violence since they feel they are in love with the person which "makes the pain likable". The words of a sex worker-"Prema vuntene partner kodathaadu," (Partner beats us because he loves us).

"If it becomes impossible to bear, we share our experiences with friends. These issues are not discussed openly as we know that this is common for women and if we have to live with respect in society we shouldn't disclose violence by an intimate partner," another sex worker said.

Home-based FSWs cannot share with anyone about their partner violence because that would mean disclosing about the partner with whom their relationship is still a secret. Some of the FSWs said they took the violence inflicted within the family because of the lack of support systems. They seemed sure that even if they reported the violence, it would only result in more violence.

On the whole, not giving due recognition to the violence within the family, limited knowledge on violence and their rights, lack of support systems, social and gender norms and values of society were found to be the main reasons women did not report violence by the husband or intimate partner. When there is a crisis, sex workers resort to CAG members for support. FSWs report partner violence in extreme cases only.

Most of the time, addressing a crisis is limited to seeking resolution through negotiations or compromises. Cases in which FIRs are filed are limited. Sometimes, the FSWs themselves prefer compromising or getting compensation rather than taking the legal route. The reason for this is legal systems are not sensitive and it takes several months or years to fight a case. Besides, according to them, compensation at least gets them some money.

Promote condom use to reduce HIV prevalence. It is necessary to address violence experienced by FSWs from different perpetrators or culprits. This has to be done at two levels—individual and CBO level.

Individual Level

- The change should start from FSWs. They should change their attitudes and behaviour of tolerating violence both in their professional and personal lives.
- FSWs need to feel confident and must possess the ability and the skills to negotiate and
 protect themselves and their dignity. They should gain knowledge on laws and policies
 related to their lives to claim their rights. It is possible to raise their collective voice on
 violence against them only when they take part and play a key role in all the community
 mobilisation and advocacy processes.
- Self-regulatory mechanisms are very important to reduce risks in their profession. These
 could include not going out with an unknown client to an unknown place; not consuming
 alcohol with clients; avoiding alcohol consumption in hotspots; not encouraging goons
 in the case of street based FSWs; not quarrelling among themselves for clients; not
 pampering partner or lover; inculcating the habit of saving money for future and reducing
 the number of encounters per day; developing life skills, negotiation skills and leadership
 qualities; attending community-based group and other meetings regularly.



CBO Level

- Creating space for FSWs to share their experiences of stigma and violence; generating
 discussions on all support systems which they can avail to live a life that is free of violence,
 stigma and disrespect.
- A CBO has to play a key role in evolving CBG meetings as forums not only for savings but also as forums for support structures where FSWs are encouraged to share and discuss their personal experiences of violence and find ways and solve them by supporting each other. CBG leaders must document crisis incidents in crisis registers maintained at the CBG level. A CBO has to suggest appropriate actions to decide the advocacy strategy to tackle the perpetrators of violence.
- The capacities of CBO members have to be built for playing a greater role in mitigating the
 violence faced by FSWs, till CBOs grow into independent units. CBOs are still dependent
 on those outside the community for violence redress mechanisms. This system needs to
 be completely owned and implemented by the community.
- Till now there has been no formal strategy to address intimate partner violence issues among the FSWs or as part of CBO interventions. CBOs should plan short term and long term to lower the rate of violence from partners and others. Some of the community members in the FGDs suggested organising advocacy for partners and clients to help begin a process to change their attitudes and behaviour.
- CBOs should take up the responsibility of creating legal awareness among community members by developing educational material for FSWs on their rights and on how to prevent, reduce and respond to violence.
- CBOs should undertake advocacy activities to promote human rights of sex workers.

Conclusion

Violence against FSWs is not only widespread, but it is also accepted by many. FSWs face violence in their professional as well as personal lives from their gatekeepers, family members and intimate partners. Studies commissioned by Alliance India show FSWs face heightened violence in all spheres of their lives. Such violence undermines HIV prevention efforts such as condom promotion, and increases sex workers' vulnerability to HIV in several ways, as well as HIV prevalence in the society. Hence, HIV prevention interventions can be more effective only when violence experienced by FSWs is addressed.

The root causes or triggers for violence as reported by FSWs included emotional dependence on husband or partner, social and financial insecurity, refusal to give money, suspicion, jealousy, refusal to have a sexual relationship, condom use, influence of alcohol, taking phone calls in the presence of husband/partner/lover, stigma and discrimination.

Most community members do not recognise violence within the family. They think it is normal and an accepted practice. Limited knowledge on violence and their rights, lack of support systems, patriarchal social and gender norms and values of society are some of the reasons for not reporting the violence inflicted by husband or partner. But, they act differently they face violence in their profession. They take the CAG members' help to resolve crisis in sex work.

Even though community-led crisis response systems are well placed and functional, there is no formal strategy to address violence from clients, intimate partner and family members. Thus, there is a need to build the capacities of CBOs to address the violence by clients, intimate partner and family members. At the same time, CBOs should undertake advocacy activities to promote human rights of FSWs and create an enabling environment where no FSW is under the threat of violence and is infected or affected with HIV.



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